

2023-2024 CK RELIGIOUS EDUCATION REGISTRATION Complete one registration form for each child PLEASE PRINT CLEARLY and COMPLETE BOTH SIDES

RELIGIOUS EDUCATION FEE

1 Student: \$40 2 Students: \$70

3+ Students (in same family): \$85

SACRAMENTAL FEE

1 Student: \$25

2+ Students (in same family): \$50

Student Name:		Student Cell			(optional)
Birthdate:	Sex (M/F)	Family E-mail Address	:		
Mailing Address: Stree	t		City		Zip
Physical address if diff	ferent than above: _				
Father's Name:		Fa	ather Cell _		
Mother's Name:		M	lother Cell _		
Other Emergency Con	tact:		Phone Nun	nber:	
Child lives with:	ing:		Email Mother's Father's	Cell Cell	emergency contact:
Catholic Baptism: Chu	rch name and city/sta	ate			
Other Baptism: Name a	and address of churc	ch			
	PROGI	RAM: Please indicate grade	entering		
Early Childhood Sunda	ay Mornings 9:30 am	(Emergency number during N	Mass)		<u></u>
3 Yr. Old (child I	must be 3 by August	31 st) 4 Yr. Old Kind	lergarten	1 st Gra	de
Religious Education G	rade 2 nd -12 th Grade:				
Please attach a copy of time a sacrament is re	of the Baptism Certificeceived. and up that still need Children Program (Cle		tized at CK mmunion w	. This mus	st be submitted <u>each</u>
☐ Confirmation:	1 st Year	2 nd Year □ ECR	E: B	aptism	
	ОТНЕ	ER INFORMATION: Please in	ndicate		
Would you be interested	I in helping in our pro	gram as a teacher or helper?		_ Yes _	No
Photo Release: Photos of page associated with Ch		printed and/or posted on advus Education	ertising boa	ards, a we Yes	bsite, or social media No

COMPLETE BOTH SIDES

COMIN LETE BOTTI GIDEO							
OFFICE USE ON	LY:						
Pymt Rcv'd:	Amount:	CK	CASH:	SPO:	Date:		
Baptismal Certificate: Church:		Church:		City/Stat	City/State:		
Note:							

MEDICAL ALERTS: Please indicate where applicable

Food Allergies:	
Drug Allergies:	
Other Allergies:	
Medical Conditions or other pertinent information: _	

*REMIND- Receive class updates, weather closures/delays, and emergency messages via text message, email or push notification. You can download the app, open a web browser and go to rmd.at/[classcode] or text the class code to 81010. Below are the class codes

HS: CKLT2021 **ECRE:** CKECRE

HS Confirmation Year 2: CKConf2024 **ELEMENTARY:** CKREE

MS: CKMSRE **MS Confirmation Year 1:**

MS Confirmation Year 2: CKConf2025 MS Youth Group: CKMSYG

Christ the King Church Religious Education Consent for Minor or Emergency Medical Treatment

 The transfer to any hospital reasonably accessible when medically necessary. The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist. Any hospital or practitioner not having access to your child's medical history needs the following information medication being taken 	
The administration of any emergency treatment deemed necessary by a registered nurse, emergency medical technician, licensed physician or dentist. Any hospital or practitioner not having access to your child's medical history needs the following information medication being taken	
medical technician, licensed physician or dentist. Any hospital or practitioner not having access to your child's medical history needs the following information medication being taken	
Regular medication being taken	
	ion
Vaccinations up to date? YesNo Physical Impairments	
Physician's Name	
Address Phone	
Medical Insurance Company	
Policy NumberSubscriber's Name	
PARENT/GUARDIAN SIGNATURE DATE	

COMPLETE BOTH SIDES